Aurelio Edward

Sr. Business Systems Analyst

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Objective

To take a challenging role on business operations as Business Analyst and give cost effective and efficient solution that would enable organization increase its productivity and lead the market.

Summary

* 8+ years of experience as a Business Analyst and worked extensively in Healthcare domain in diverse business and technical environments.
* Extensive knowledge of HIPAA transaction codes 4010/5010 (Standard Transactions) and X12EDI transaction codes such as 270/271 (Eligibility Transaction Processing), 276/277 (Claims Inquiry Transaction Processing), 278(Service Authorization Processing), 835 (payment or remittance advice), 837 (Claims Submission Processing) and 834 (benefit enrollment).
* Strong knowledge of HL7, HIX (Health Insurance Exchange), EMR/EHR, Health Care Reform and Patient Protection and Affordable Care Act (PPACA) and Facets.
* Extensive knowledge of Healthcare Insurance including Medicaid. Medicaid Information Technology (MITA), Medicare (Part A, B, C, D), Procedural and Diagnostic codes, Claims Process and Medicaid Management Information Systems (MMIS)
* Strong knowledge of EDI formats and HIPAA 4010 to HIPAA 5010 changes to these formats. Hands on experience with ICD-9 to ICD-10 conversion, CPT and other code sets.
* Detailed knowledge of standard EDI messaging protocols (FTP, SFTP, X12, XML, HL7. CSV, SOAP and others).
* Solid understanding of all phases of Software Development Life Cycle (SDLC) methodology (such as requirement, analysis, design, data modeling, business process modeling, implementation and deployment), Waterfall and Agile Methodologies.
* In-depth knowledge of Rational Unified Process (RUP); risk engineering, data modeling and mapping, and design using UML (Unified Modeling Language), Rational Rose and Visio.
* Extensive experience in conducting Joint Application Development (JAD) sessions/ workshops for project definition, requirement analysis and user interface.
* Profound experience in preparing Use Cases, diagrams (Activity, Class, Sequence), Business Requirements Document (BRD), Functional Requirement Document (FRD), Requirements Traceability Matrix (RTM). Experience in conducting SWOT Analysis, Cost Benefit and ROI Analysis.
* Excellent oral and written communication skills with a   demonstrated capability for dealing with all levels of client management   personnel and staff.
* Vast experience in requirement gathering for business and application requirements, business processes, identifying risks, impact analysis, UML modeling, Sequence and Activity Diagrams using Rational Rose and Microsoft Visio.
* Have worked intensively on the PL/SQL for creating and working on the database for multiple projects.
* Adapt at writing Data Mapping Documents, Data Transformation Rules and maintaining Data Dictionary, Data Migration and Interface Requirements Documents.
* Strong knowledge and working experience of industry standards such as HIPAA, HL7, Six Sigma, and SOX, ICD-9, ICD-10 coding, EDI(Electronic data interchange), transaction syntax like ANSI X12
* Comprehensive knowledge of Test plans, Test cases and test scripts from the Requirements Document. Experience in User Acceptance Testing, Smoke Testing, Regression Testing Performance Testing and Functional Testing.

Technical Skills

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| Databases | MS SQL, MS Access, Oracle |
| Languages | Visual Basic, JavaScript and HTML |
| Methodologies | SDLC, RUP, UML, CMM |
| Operating Systems | Microsoft Windows (XP and above) |
| Project Management | MS Office Suite (Word, PowerPoint, Excel, MS Project) |
| Change Management | Rational Clear Quest |
| Business Modeling Tools | MS Visio, Rational Rose |
| Other Packages | Business Objects Crystal Reports, BMC Remedy AR System and ITSM application suit |

Professional Experience

**Scan Health Plan, Long Beach, CA Jan 2018- Present**

**Sr. Business Systems Analyst**

Project Description:

SCAN Health Plan is a Medicare Advantage Prescription Drug plan headquartered in Long Beach, California and serves members in California and Arizona. Scan has MC400 application and opted Implementing to Ika Systems Enterprise solutions with Advalent as implementing partner. Project involved deploying commercial Medicaid, Medicare and ACO modules to manage and reduce total cost of ownership across multiple lines of business on a single integrated platform. Also, the focus of the project was the replacement of 22 year old Medicaid Management information System (MMIS). It included technical and professional services related to analysis and assessment of the current MMIS and EDI claims, documentation of business and technical requirements, preparation of cost analysis and implementation of new MMIS automation system

**Job Responsibilities:**

* Analyze data spread sheets to map the systems Claims, Members, Benefit, Provider, Billing, Payment, Contract, Capitation modules with SCAN Health Plan enterprise data ware house.
* Performed multiple source system analysis to identify the source data that needs to be moved into the target tables.
* Created data flow diagrams, data mapping from Source to stage and Stage to Target mapping documents indicating the source tables, columns, data types, transformations required and business rules to be applied.
* Worked on EDI transactions (270,271, 276,277, 834, 835 and 837). Performed front end to backend mapping and analyzed the start to end of transaction.
* Developed data requirements for data dictionary and data discovery document. Used SQL queries for data discovery.
* Acted as liaison between business owners, developers and QA team to ensure enterprise data needs were met and worked closely with IT Project Managers to report project progress. Validated data mappings, data discovery with development team.
* Worked closely with systems analysts to ensure functional specifications are properly accounting for business needs.  Facilitated meetings, as necessary, to review captured business needs and obtain approvals.
* Develop business use cases, business and data requirements, and related documentation in support of Enterprise Data Management.
* Provider inquiry about the status of Remittance Vouchers (RVs). This involved checking the MMIS provider subsystem and checked the setup of their Remit Media
* Responsible for review of business capabilities and requirements in order to define data needs and enterprise data management. Includes data analysis of business and user needs and documentation of data and mapping requirements.
* Coordinates with both business and IT partners to ensure business, data needs and views are properly represented throughout the project lifecycle and coordinate communication regarding implementations.
* Created test cases and test scenarios based on HL7 interoperability specifications like workflow, performance, Load and networking.
* Prepared Mapping document, data flow diagram, Process flow diagram using MS Visio.
* Involved in gap analysis in changing old MMIS and testing new MMIS.
* Conducted reporting requirements from the data ware house and analyzed the tables and columns to be added in the oracle data ware house from the sql server through transformation engine.
* Worked on Agile Methodologies to implement the project.

**Environment:** Windows server, MS-SQL Server, Oracle SQL Developer, SDLC, UI/SOAP or XML, MS Office

**CIGNA, Hartford, CT July 15- Dec 17**

**Business Analyst**

Project Description:

Cigna is Global health Service Company dedicated to help the people improve Health, Well Being and Sense of Security. The goal of the project to develop system offering customized solutions to all participants connected to EDI Healthcare with flexible formatting, mapping and translational styles and migrate Facets project and implement 5010 changes.

Job Responsibilities:

* Generated requirements through JAD sessions, discussions and one-on-one interviews with stakeholders. Interacted with business managers and other stakeholders to determine project scope thus defining key challenges, risks and project deliverables.
* Performed GAP Analysis for HIPAA 4010 to 5010 Migration. Also carried out gap analysis for the various loop, segments, elements like ICD 9, ICD 10 diagnostic codes, mapping of NPIs under the NM108 segment and removal of REF\*IG segment were performed under the latest addenda versions of 5010X223A2 and 5010X222A1 and documenting the BRD for the same
* Created process flow diagrams for all “As Is” and “To Be” scenarios using MS Visio
* Extensively used MS Visio and UML for generating class object, component, deploying, use-case, sequence, collaboration, state and activity diagrams.
* Analyzed the business requirements for Medicare claims Part A, B, C and D determining the membership eligibility for Enrollment and Claims processing
* Propose different strategies to implement HIPAA 4010 in the new MMIS system.
* Worked on EDI X 12 transaction set 837 I/P/D, 834,276/277 feeds to allow for change in the claim number.
* Participated in Forward Mapping and Backward Mapping analysis of ICD 9 – ICD 10.
* Implemented EDI maps using Trusted Link Enterprise. Use of Sterling Integrator Map Editor for both: get flat file layout and after data extraction translate input to EDI invoice (810)
* Reviewed and validated requirements and technical specification, developed test plan and executed test cases for performance benchmarking.
* Identified and reported project issues, risks and communicated among team members. Recorded, tracked defects using standard test tools.
* Have been using these HL7 standards for integral for system integrations, inter-operability and compliance. I used them to support clinical practice and the management, delivery, and evaluation of health services.
* Analyzed the FACETS (claim engine) data for new requirements and enhancement.
* Working knowledge of the data mode, data fields of the FACETS system and worked on FACETS tables such as Provider, Contract, Benefit, Claim details and Member. Worked on Claims attributes, Provider attributes, enabling EOB & Remit rules associated with Provider configuration process in FACETS.
* Responsible for the HIPAA 4010/5010 compliance lifecycle from gap analysis, mapping, implementation and testing process of Medicaid Claims in the new MMIS system.
* Resolved project related technical questions and issues with collaborating development and infrastructure teams.
* Provided test execution results and analyzed test results to ensure existing functionality.
* Conducted User Acceptance Testing (UAT) and after interacting with the end users and collecting their feedback: documented the changes/enhancements required.
* Worked on generating the companion guide for the various trading partners depending on the SNIP WEDI edits from level 1 through 7 and generating Business edits for the 5010 837P and 837I Transactions sets for the HCFA and UB ( Inbound and Outbound).

**Environment**: UNIX, PL/SQL, Quality center, QTP, SDLC, Oracle, PVCS, FACETS, Trusted Link6

**Novartis Corporation, East Hanover NJ May 13- June15**

**Business Analyst**

Project Description:

Novartis is the third largest pharmaceutical manufacture worldwide in terms of revenue, wanted solution for discovering, tracking, and recording the detection of counterfeit pharmaceutical sales across the entire globe. They also need to handle internal affairs; ensuring employees are in compliance with company policies and are following health care standards and laws. Additionally, Novartis wanted to use the application to track radical animal rights, anti-corporation, and other groups who would want to disrupt Novartis' operations.

Job Responsibilities:

* Analyze raw document generated from worldwide internal groups and trace individual requirements. Conducted requirement analysis sessions to confirm the requirements from the document are still valid and/or need any update. Prepared business requirements & functional requirement documents, process flow, status and use case diagrams, data access/ security model, mockup screens, report requirements document.
* Demonstrated products comparison to management that fulfills most of the requirements off the shelf with high ROI and short implementation time, easy to manage, support and extend in future. This enabled management to choose right product, Column Case Management which is built on BMC’s AR System.
* Project was implemented using Agile Methodologies.
* Conducted Joint Application Development sessions with Vendor, IT Support, QA Team to transmit correct functional requirements with clarity on group/ individual data access control, global/local regulations.
* Coordinated different group to get standard master data as per vendor data template.
* Validated design and implementation document, Application management, User and Administration help guides.
* Participated in UAT, Smoke Testing, retesting of bug fixes.
* Managed go-live, change control and releases.
* Developed basic and intermediate reports using business objects crystal reports to help management to make business decisions, evaluate support performance, organization level service agreements and accomplish organization goals.

**Environment:** Windows, MS-SQL Server, SDLC, BMC AR System, Case Management, MS Office

**Matria Healthcare, Columbus, OH May 11 – April 13**

**Business Analyst**

Project Description:

Matria Healthcare Company (MHC) is an innovative leader in the health and well-being industry serving approximately 55 million Americans. MHChas Enterprise Customer Information Claim System (CICS) to facilitate providers (health centers, hospitals, physicians, insurance agent) to access contract information, deductible/co pay of the contract and allows creating claims and viewing or deleting the claims. This system also allows members to log into their account from Web portal and check their contract information, deductible, co pay information and provider’s information.

Job Responsibilities:

* Organized JAD (Joint Application Development) and RA sessions, interviewed business users to capture requirements and business process flow.
* Developed UML Use Case model for the application using Rational Rose and assigned to prepare the detailed work flow diagram based on the proposed enhancement for the system.
* Identified the use cases from the gathered requirements and prepared a comprehensive Use Case Specifications document.
* Involved in all phases of software development life cycle in RUP framework.
* Analyzed, documented, and managed all project requirements and requirement change control.
* Conducted detailed and comprehensive business analysis by working with the IT staff, senior SME tellers, supervisors, and end-users, in order to identify system and operational requirements and enhancements.
* Demonstrated business requirements, process improvement and optimization of business processes with new enhancements.
* Analyzed and documented business requirements and prepared functional requirement document for developers, project managers, quality assurance engineers, technical writers to build an application.
* Drafted UML diagrams to illustrate clearly, the workflow of the online services, both for the management, and technical departments (design, developers, etc.).
* Tracked and maintained stakeholder requested enhancements and changes using Rational Clear Quest.
* Reviewed development plans, quality assurance test plans, and user documentation to ensure correct interpretation of original specifications.
* Worked extensively on both inbound and outbound transactions, creating test cases for multiple transaction types including 837, 835, 276, 277, 270 271
* Extensively interacted with both user group and development team to prepare structured charts, class and sequence diagrams.
* Assist QA for executing System/ Integration testing and on working with Test Director.
* Chaired project status, defect tracking and release meetings.

**Environment:** Windows, Oracle, ASP.NET, Win Runner, MS Office, XML